

National Resource Center for TBI Order Form

Fill out the form below and return with check, purchase order, or credit card information and signature to:

by mail: PO Box 980542

Richmond, VA 23298-0542

by e-mail: jhmarwit@vcu.edu

by fax: (804) 828-2378

Contact us for bulk pricing (over 50 of the same item)

PERSON PLACING ORDER	SHIP TO: (IF DIFFERENT)
Name:	Name:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

ITEM	DESCRIPTION	QTY	TOTAL

If your order totals:	<\$20	\$20-\$50	\$51-100	\$101-\$200	\$201-\$300	>\$300
Pay this for S & H:	\$3	\$8	\$12	\$18	\$25	Call

***Please call or email for international shipping rates

Subtotal	\$
Shipping & Handling (S & H by First Class Mail)	\$
Total	\$

Check: Mail form and check payable to DEPT. of PM&R/VCU
 Purchase order: Fax or mail order form with purchase order, or e-mail scanned form & PO
 Credit card: Mail or fax order form, including signature (below), or e-mail scanned form

Visa <input type="checkbox"/>	Discover <input type="checkbox"/>	MasterCard <input type="checkbox"/>
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Card Number: _____ Exp. Date: _____ Total: \$ _____

Cardholder's Name (PRINT): _____

Cardholder's Telephone Number: _____

Cardholder's Signature*: _____

*My signature authorizes Virginia Commonwealth University to charge my credit card in the above amount for materi-

FOR ADDITIONAL INFORMATION VISIT NRC TBI AT WWW.TBINRC.COM OR CALL **(804) 828-3704**

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